FOR INSTRUCTIONS OF FRANKER FOR	
FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	FORM
COMMITTEE NAME (Must be same as on Statement of Organization)	DR-2 DISCLOSURE (Rev. 07/2004) REPORT
Hancock for Sanate 2009 de 18 AN 10:	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Condition (2) State PAC (3) State Party	Logged In
Political Subdivision Candidate (8) County PAC (9) City Candidate (7) School Board or Other	Scanned Computer
Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY:	Audited
Condidate Name	
Political Party (if applicable)	Late reports are subject to
Office Sought District (if Senate or House)	possible civil and criminal penalties.
SIGNATURE OF PERSON FILING REPORT TELEPHONE	1/17/08
	DATE SIGNED
/ 5 / . /	
I AM FILING A	N ((2)NON ELECTION VEAD
I AM FILING A /2/31/07 REPORT FOR (1) ELECTIO (report date) Indicate by	N/(2)NON-ELECTION YEAR. # (2)
(report date) Indicate by	N /(2)NON-ELECTION YEAR. # 2
(report date) Indicate by	N /(2)NON-ELECTION YEAR. # 2 Local Committees, enter Date of Election
(report date) Indicate by CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	# 2
(report date) Indicate by CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR 2	Local Committees, enter Date of Election County & Local Committees, enter County in
(report date) Indicate by CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)	Local Committees, enter Date of Election County & Local Committees, enter County in
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MIST be the same as the cosh or hand a same as the cosh or hand at the beginning of the reporting period.	# 2 Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MIST be the same as the cosh or hand a same as the cosh or hand at the beginning of the reporting period.	# 2 Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MIST be the same as the cosh or hand a same as the cosh or hand at the beginning of the reporting period.	# 2 Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held
CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).	Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held 2, 391.63
CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below). Schedule F: Loans Received total (Attach Schedule F)	Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held 2, 391.63
CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below). Schedule F: Loans Received total (Attach Schedule F)	Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held 2, 391.63

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	_	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same a	as on Statement of Organization)
// `/ //	1 /
Hanesch for	Lanate.

STATE CANDIDATES NOTE: IFA CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER
(IVIIVI/DD/TK)	NUMBER		(ii applicable)		INCOME
// /	ID# 8242	The Glaxosmith Kline			
 		PAC-Five Moore Dr.	_	\$	
106/07	CK#13018	Research Triangle Park, NC. 27709		300.00	
	ID# 6017	Deere PAC IONIA # 6027			
5/ /	CK# 2588	666 Grand Are. Suite 1707			
129/07		Des Moiner, Is. 50309-2507		500.00	
	1D# 6044	Associated General Contractor of IA			
6/19/	ck# 458Z	701 E. Cours He.			
6/18/07		Des Moires, IA 50309-4901	-	5.00,00	
6/18/07	ID# 6430	Iowa Rural Water State PAC			
18/07	CK# 1512	4221 S. 22 na Ave. E.			
118/07		Newton, IA. 50208		200.00	
I 1	ID# 6118	IA. Optometric Assoc. (10A-PAC)			
6/10/00	CK# 2440	1454 - 30th St. Ste. 204			
6/18/07		West Des Moines, IA 50266		250.00	
11	ID# 6046	Justice for ALL PAC 218-6th Ave. STE, 526			
6/18/07	CK# 4302			2-4 00	
110/01	ID# / 6.57	Des Moines, IA 50309 - 4091	٠	250.00	
6/1	ID# 6052	Independent INS. Agents of IA. 4000 Westown Kwy - Ste. 200			
6/18/07	CK# 3/25	West Des Moines, In 50265		200.00	
	ID# 6059	IA. Committee of Automotive Retailers		200.00	· · · · · · · · · · · · · · · · · · ·
6/ /	· ·	111 Office Park Rd.			
6/18/07	CK#2964	West Des Moires, Is 50265		200.00	
', '- '	ID# 9742	All Children Matter - 1A		200.00	
611	1 9,792	951 Jours St.			
6/18/07	CK# 1142	Dubuque, 1A 52001		100.00	
		In Chiropractic Society		700.00	
6/1	0000	1605 N. Ankeny Blvd. Ste. 100			
6/18/07	CK# 4013	Ankeny, IA 50023		100.00	
-			SUB-TOTAL		-
				2600.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____

TOTAL (if last page of this schedule)

For Instructions, See Back of Form

ONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds) OMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Hancock for Senate		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	1 / 15 505
RECEIVED	(if applicable)		TO CANDIDATE*	RECEIVED	V IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
	ID# 6070	IOWA LAWPAC			INCOME
6/1	ł	521 EAST LOCUSTST. 3rd FL		s	
20/02	CK# 3506	No Maria Ta 524 199		300.00	
20/07	ID# 9737	Des Moines, IA 50309-1939		300.00	<u> </u>
7/ ,		Towa Harness Horseman's Assoc.			
109/02	CK# /058	PO. Box 107		100 11	
1101	ID# 8251	PRINPAC , 50/12		150.00	
7/ ,		711 High Street			
125/10	CK# 1824			250.00	
107	ID# 6146	Homebuilden ASSN. PAC		20.00	
76 10	1	Dec Moisses TA			
130/01	CK# 1718	Des Moines, IA		250.00	
011	ID# 6067	Iowa Health			
8/2/	CK# 3726	6750 Westown Parkway #100			
131/07		West Des Moines In 50266	_	200.00	
P /	ID#	Donald L. Chensuold			
8/21/2	CK#	2126 Blue Heron Dr.			
131/01		Springville, IA 52336-9695		150.00	
c /	ID#	David D. Chensvold.			
8/2/	CK#	3565 McGowan Blvd.			
131/07		Marion, IA 52302-6139		150.00	
01 1	ID#	Steven Ackerson			
0/2//	CK#	1634 NW 1315T ST.			
121/0/		Clive, IA 50325	-	100.00	
8/ /	ID#	Joseph /Jean Lynch			
0/31/07	CK#	214 Harrison St. N.W.			
10/16	W	Cascade, IA 52033		50.00	
8//	ID#	Penny Moellers			
0/21/20	CK#	3554 Eclipse Circle			
13/10/		Dubuque IA 52003		25.00	
		D	SUB-TOTAL	11000	
		-	ł	\$1625.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

2 of _____ (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

For instructions, See Back of Form

(Including candidate's personal funds)	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Hancock for Senate		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR			
RECEIVED	(if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK		TO CANDIDATE* (if applicable)	RECEIVED	FUND-
 	NUMBER		(INCOME
8/ /	10#	Cathy / Jerry Grutz 6176 Centura Court			
$ O _{2}$, $ A _{2}$	CK#	6176 Centura Court		\$	
13/10/		Dubuque, IA 5200Z		25.00	
	ID#	Cloyd ORobinson	 	100	
9/12/	CK#	404 Cherry HILL Rd. S.W.			
118 107	City	Cedar Rapids, IA 52404-1120	_	60 10	
9/1	ID# 6098	Tauca Raya Pt. #1 = 09		50.00	
1/10/	1	Iswa Bev. PAC #6098 1321 E. Walnut-Ste. 310			
1/18/07	CK#3562	Des Moines IA 50309 - 2026	_	500.00	
	ID# FIRE PAC.	FATERALTONIA Assoc Firefighters		500.00	
9/ /	CK#2339	1750 New York AVE NW			
124/07	2339	Washington DC. 20006		20000	
111	ID#	Michael J. Cameron		2000.00	
1/12/20	Ск#	600 Brentwood Drive			
113/07	CN	Wanker, 74 50263		200	
,	10# Non-Federal			250.00	
11/		INT. Assoc. of Fire Fighters 1750 N.Y. Are! N.W.			
1/3/07	CK#2412				
1-5/5/	ID# Filer ID.	Washington D.C. 20006		3500.00	<u> </u>
111' 1	COOLABOR	Waste Management PAC			
115/07	CK# 1528	701 Pennsylvania Ave. NW Ste 590		ا ا	İ
	13 2 8	Washington, D.C. 20004	·	250,00	<u> </u>
12/	i ' i				
/17/	CK# /2.	Five Moore Drive			
12/07	CK# /36/4	Research Triangle Port, NC. 27709	-	300.00	
10.1	1 W# 8473	Adula			
12/	CK# 2011	le W. 9 4. 2 Horr			
18/07		Kamas City, MO 64105		300.00	
101	ID#	Kichard L. Fried man		200,00	
12/ /	0144 () =	16 Carpenter 4 (Tr	1		
/18/07	CK# 4145	10 Carpenter y Co. Inc.	1	1500.00	
				1200.00	
	(anbreage MA 02138	SUB-TOTAL	SY 75 0	•
		TOTAL (if last page o	e state and a state of	\$8675,W	
		i o ins in last page o	uns schedule)		

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DEL ATIONOLUS		
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOI FUND- RAISER
<i>j</i> ,	ID# 6058	IOWA Chiropractic Society			INCOME
12/1/	CK# 4105	1605 N. Ankeny Blvd. Stz. 4100		\$	
126/07	7703	Ankeny Is 50023		100.00	L
112 1 1	ID#	Roche Gold Gov. Committee			<u> </u>
128/01	CK#/35/	Iowa Chivopractic Society 1605 N. Ankeny Blvd. Str. 4100 Ankeny IA 50023 Roche Gold Gov. Committee 340 Kingeland St. Nutley, N.J. 07110-1199		250.00	
, ,	ID#			230,00	+
	CK#			-	
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			SUB-TOTAL	767 00	

TOTAL (if last page of this schedule)

Page ______ of _____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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3333	وتعاربها	Q 200 70	8 38,7	23 জর	22233
2000	88 6.000		****	******	26366

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Hancoch for Senate

	2000	c carac		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	CHECK NUMBER			
1/ /	ID#	Midland Times	1 yr subscription	
101/07	CK#	301 W. Webster St. Wyoning, Is 52362		\$ 19.00
	10 <i>m</i>	Happy-s Place	Refund from donation for	, , , , ,
/11/07	CK#	2313 Rockdale Rd.	Refund from direction for Colf Outling 1/29/05. Chi # 155/24 Refund ck # 1129	
/ /	10.4	Dubuque, In	Refund ck -1129	100.00
2/ ,	ID#	Center Are	holl of stamps	
15/07	CK#	Epworth, It 52045		39.00
,	ID#	The Monticello Express P.O. Box 191	I you subscription	37.5
15/07	CK#	P.O. 130x 191 Montreello, TA 52315-0191	Je same	2
i	IU#	U. S. Post office	h. II 	28.00
3/15/07	CK#	U.S. Post Office. Center Are. Epworth, IA 52045	roll of stamps	39.00
	ID#	Cascade Riview	1 yr. subscription	39.00
12/07	CK#	P.O. Box # 9		-
12/07	15.4	Cascado, Is 52033		28.00
	IU#	anamosa Publications P.G. Box 108	1 ys subscription	
128/07	CK#	anosa, IA 52205	,	30.00
5/7/07	CK#	US Post Office Center Avel Epworth, To 52045	roll of stamps	.,
1/0/		cpworth, 4 52045	<u> </u>	\$ 724
-		'	SUB-TOTAL	\$ 70.4

TOTAL (if last page of this schedule)

\$*324.00* \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page	 of	3
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FOR INSTRUCTIONS, SEE BACK OF FORM

********	MARKAGE CO.			w4
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200 A 10 W	5 C 44 12	222	9898	30
	*****	2000000	XXXXXXX	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	- "
В	MONETARY
(Rev. 07/03)	EXPENDITURES
CHEC AME	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

_				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	NUMBER			
61	ID#	U. S. Past office	2 rolls stamps	
26/07	CK#	Center Ard Epworth, Is 52045	,	\$ 82.00
<i>!</i> /	ID#	MALT	Box of 120 cks.	- "
/26/01	CK#	Main St 102-West Epwirth IA 52045		21.85
, ,	ID#	Coleen Honcock. 310 E. Main St.	Parade Candy - Forly Monticello, Casada	
7/1/07	CK#	Epworth IA 52045	Colesburg, On ford Junction	44.22
' ,'	ID#	Dubugue Leader	hyp subscription	
7/7/07	CK#	P.O. Boy 817	7	20.00
	ID#	Myers Cox Co.	Parade Condy - Butterburg	
7/11/07	CK#	P.O. Box 180 Peosta, IA 52068-0180	Parade Condy- Guttenburg Belhi, Epworth, Holy Cross Key West, Worthing for	103.23
	ID#	U.S. Post office		
8/24/07	CK#	Epworth, In 52045	2 rollo stamps	82.00
'	ID#	Delawore Co. Democrats	2 rollo stamps donation	
8/28/07	CK#	Manchester, IA 52057		100.00
	10.1	Manchester Press	1 yr subscription	
9/24/07	CK#	PO Box 245 Manchester, Is 52057		41.00
			SUB-TOTAL	\$ 494.30
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	2	of	_3_

FOR INSTRUCTIONS,	SEE BACK	OF FORM
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

لے				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	180 Out a Cours		
10/12/07	CK#	Us. Postoffice Center Ave.	2 rolls stamps	\$ 62
7.907	ID#	Epwerth, LA 52045		\$ 82.00
10/19/07		190 JFK Rd.	printer ink	j
11/0/	ID#	Dubuque, 14 52001		38.51
11/12/07		Labor Mot Council P.O. Box 14 Subugus 74 5 2004	Lys. subscription	
- / - /		Outrans + A 52004		30.00
1.	ID#	Oyersaille Commercial	1	
12/07	CK#	P.O. Box 350 Oyumille, Ix 52040	1 yr subscription	30.00
7	ID#	5.0		
12/12/02		U.S. Post Office Center And Epworth IA 520+5	2 rolls stamps	82.00
/.	ID#	Land to A a Mark	e5 e A	00.00
19/07	CK#	Legislative Info Office Rm. 6-16 Des Moines, IA 56319	200 personalized Carda	100.00
	ID#	76	miliani - Consisteria	100.00
12/ /	CK#	Minus Hencek 3108 Main H. Epworth IA 52045	Miliage - Corrections " 12/5 Reaparte visits" 12/17 (Region 666x, 34 4 12/18 Ales Moures	226.44
///	ID#	1	-113 Mismis	5.5.77
	CK#			
			SUR TOTAL	\$ 500 05

\$ 588.95

TOTAL (if last page of this schedule)

\$1407.25

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		of	\mathcal{O}	

COMMITTEE NAME (Must be same as on Statement of Organization) Hancock for Sancite Reset Form					IN KIND CONTRIBUTIONS THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
2/26/07	Senate Majority Fund IA Democratic Darty 1408 Lucas St. Our Moines, IA 50309	_	Postaya: - DMoines Fund Reusing 18,52 Food for Fund Raser 34.41	\$ 53.33	
, .	,				
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 53.33 \$ 53.33	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

of / (for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM